
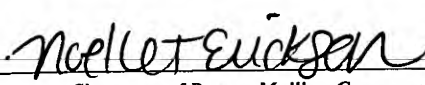


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|--|-------------------------------------|-----------------------------|--|---|--------------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. DE3-0203/DP-304037 | |
| Applicant(s): DIANE M. LANDERS ET AL. | | | | | |
| Application No. 10/033,163 | Filing Date 10/24/2001 | Examiner S. SHECHTMAN | Customer No. 23413 | Group Art Unit 2125 | Confirmation No. 7139 |
| Invention: HORIZONTALLY-STRUCTURED MANUFACTURING PROCESS MODELING | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 134 - | 137 = | 0 | x \$50.00 | \$0.00 |
| INDEP. CLAIMS | 4 - | 4 = | 0 | x \$200.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
|  _____ Signature | | | Dated: JANUARY 3, 2005 | | |
| Troy J. LaMontagne Registration No. 47,239 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Customer No 23413 | | | <div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>1/3/2005 (Date)</p><p> Signature of Person Mailing Correspondence</p><p>NOELLE T. ERICKSON Typed or Printed Name of Person Mailing Correspondence</p></div> | | |
| cc: | | | | | |
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CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)Applicant(s): **DIANE M. LANDERS ET AL.**

Docket No.

DE3-0203/DP-304037

Application No.

10/033,163

Filing Date

10/24/2001

Examiner

S. SHECHTMAN

Customer No.

23413

Group Art Unit

2125Invention: **HORIZONTALLY-STRUCTURED MANUFACTURING PROCESS MODELING**

I hereby certify that this Transmittal (1) page, Amendment (30) pages and Replacement Drawing (1) page
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January 3, 2005
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



APPLICANT: DIANE M. LANDERS ET AL.)
) Group Art Unit: 2125
SERIAL NO.: 10/033,163)
) Examiner: S. Shechtman
FILED: OCTOBER 24, 2001)
) Confirmation No. 7139
FOR: HORIZONTALLY-STRUCTURED)
MANUFACTURING PROCESS MODELING)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

In response to the Office Action mailed October 1, 2004 in regard to the above Patent Application, Applicants request reconsideration of the claims in view of the following remarks.